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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none ccd*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
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*OK ccd*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 1	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met  
☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged  
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TITLE  
 Dental kit and method for retracting sulcus

FILING FEE  RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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